



DESIGNATED MEDICAL PROVIDER
DEPARTMENT OF HEALTH AND HUMAN SERVICES
HUMAN RESOURCES DIVISION
SFN 81 (5-2024)

The Department of Human Services is participating in the Risk Management Workers Compensation Program. This allows the state to designate health care providers to treat your workplace injuries and illnesses. **Workforce Safety and Insurance (WSI) may not pay for medical treatment to another provider unless you are referred to this provider by the Designated Medical Provider, or unless you notified us in writing prior to the injury that you wanted to be treated by a different medical provider.** You must also name the medical provider you designate. **Emergency care is exempt from this designated provider requirement.**

The State of North Dakota's Designated Medical Providers are specified below. Please select your area.

- | | |
|--|--|
| <input type="checkbox"/> Bismarck-Sanford Health Occupational Medicine Clinic | <input type="checkbox"/> Grand Forks-Altru Health Systems |
| <input type="checkbox"/> Devils Lake-Altru Health Systems | <input type="checkbox"/> Jamestown-Essentia Health |
| <input type="checkbox"/> Dickinson-Sanford Health Occupational Medicine Clinic | <input type="checkbox"/> Minot-Trinity Health Center-Medical Arts |
| <input type="checkbox"/> Fargo-Sanford Health Occupational Medicine Clinic | <input type="checkbox"/> Williston-Trinity Community Clinic-Western Dakota |
| <input type="checkbox"/> Grafton (select one): | |
| <input type="checkbox"/> Altru Health Systems | |
| <input type="checkbox"/> First Care Rural Health Clinic (First Care Health Center) | |
| <input type="checkbox"/> Grafton Family Clinic (Unity Medical Center) | |
| <input type="checkbox"/> Midgarden Family Clinic | |

I have been informed of the agency's Designated Medical Provider and the provisions of the program and the requirements concerning treatment for workplace injury and illness.

Employee ID	Employee Name	Division
Signature		Date

I wish to add, or change to, the following designated provider(s) to seek treatment from in the event of a workplace injury or illness.

Provider Name			<input type="checkbox"/> Add <input type="checkbox"/> Change
Address	City	State	ZIP Code
Provider Name			<input type="checkbox"/> Add <input type="checkbox"/> Change
Address	City	State	ZIP Code
Provider Name			<input type="checkbox"/> Add <input type="checkbox"/> Change
Address	City	State	ZIP Code

Return completed form to Human Resources